

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Dental Providers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 03-24 MAA
Issued: July 3, 2003

For information call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Adult Dental Coverage Changes and Fee Schedule Update

Effective for claims with dates of service on and after August 1, 2003, the Medical Assistance Administration (MAA), as a result of legislative action, is reducing adult dental coverage. This memorandum explains which services will continue to be reimbursed by MAA. **Children's dental coverage is not affected by the recent legislative action.**

Why is MAA reducing adult dental coverage?

In its 2003 session, the Legislature reduced the budgetary allocation for MAA's Adult Dental Program. Section 209(6) of the appropriations act (Engrossed Substitute Senate Bill 5404) provides as follows:

Sufficient funds are appropriated in this section for the department to provide an adult dental benefit equivalent to approximately 75 percent of the dental benefit provided during the 2001-03 biennium. The department shall establish the scope of services to be provided within the available funds in consultation with dental providers and consumer representatives.

In response to the Legislature's directive, MAA has modified the Dental Program within these budgetary constraints to provide diagnostic, preventive, restorative, endodontic and periodontic services, pain relief, extractions, full and partial dentures, and adjunctive services.

In cases where the client desires services that are not covered by MAA, the client is responsible for payment (refer to the section titled "*When Can I Bill An MAA Client?*") on page F.3 of MAA's Dental Program Billing Instructions, dated November 2002).

What services are covered for adults (21 years of age and older) on and after August 1, 2003?

MAA will cover only those CDT³ codes listed on pages 3-8 of this memorandum for adults on and after August 1, 2003. MAA will continue to cover most CPT™ oral surgery codes listed in the Dental Program Billing Instructions, dated November 2002 (pages I3 through I13) for adults **with the exception of the following codes which will no longer be covered:** 11044, 20670, 20680, 21031, 21032, 40819, 41520, 41830, 41874.

Can existing treatment for eligible clients be completed?

In order to ensure continuity of care for those clients beginning dental treatment prior to August 1, 2003, for a dental service that is no longer covered by MAA on and after August 1, 2003, MAA will, on a case-by-case basis, review requests in writing to complete treatment on and after August 1, 2003. MAA's decision to reimburse for the completion of the treatment for the noncovered service after August 1, 2003, dates of service, will be based solely on MAA's clinical judgment.

MAA will continue to accept written requests to complete treatment for noncovered services for eligible clients through August 29, 2003. Send written requests along with documentation indicating the client-specific clinical need and why the treatment will not be completed by July 31, 2003 to:

Medical Assistance Administration
PMAS – Dental Program
PO Box 45506
Olympia, WA 98504-5506

To further implement the Legislature's budget requirements, MAA intends to adopt emergency amendments to Chapter 388-535 WAC, which regulates the Dental Program.

When is MAA going to move from CDT³ codes to CDT⁴ codes?

MAA has begun the system changes necessary to accommodate CDT⁴ codes and anticipates publishing an updated Dental Program Billing Instruction by October 2003 using CDT⁴ codes.

Maximum Allowable Fees

In 2003, the Legislature **did not appropriate a vendor rate increase** for the 2004 state fiscal year. Therefore, the maximum allowable fees for the Dental Program will remain at their present levels.

Coding Changes

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires most healthcare payers to process and pay electronic claims using a standard set of procedure codes. MAA is discontinuing state-unique codes and modifiers and will require the use of applicable CDT⁴, CPT, and HCPCS procedure codes on all submitted claims. MAA is currently upgrading its claims processing system to accommodate these changes. State-unique procedure codes used in the Dental Program will be discontinued by October 2003. MAA will notify providers of all coding changes in a later memorandum.

To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

ADULT DENTAL COVERAGE

Effective for claims with dates of service on and after August 1, 2003

Diagnostic:

Description	Covered CDT Code(s)	Limitations
Examinations	D0120, D0140, D0150	No change. See Dental Billing Instructions, dated 11/02.
Complete Series (including bitewings)	D0210	No change. See Dental Billing Instructions, dated 11/02.
Radiographs	D0220, D0230, D0270, D0272, D0274	No change. See Dental Billing Instructions, dated 11/02
Panoramic Radiographs	D0330	No change. See Dental Billing Instructions, dated 11/02.

Preventive:

Description	Covered CDT Code(s)	Limitations
Prophylaxis	D1110	No change. See Dental Billing Instructions, dated 11/02.
Fluoride	D1204 (Correct CDT code for adults)	No change. See Dental Billing Instructions, dated November 2002. The procedure code for adults was erroneously listed under the children's CDT code D1203.
Limited Visual Oral Assessment	4420D, 4421D, 4422D	No change. See Dental Billing Instructions, dated 11/02.

Restorative:

Description	Covered CDT Code(s)	Limitations
Amalgams	D2140, D2150, D2160, D2161	No change. See Dental Billing Instructions, dated 11/02
Composites, Anterior	D2330, D2331, D2332, D2335	No change. See Dental Billing Instructions, dated 11/02
Composites, Posterior	D2385, D2386, D2387, D2388	No change. See Dental Billing Instructions, dated 11/02.

ADULT DENTAL COVERAGE (cont.)

Effective for claims with dates of service on and after August 1, 2003

Endodontic:

Description	Covered CDT Code(s)	Limitations
Anterior Root Canal	D3310	No change. See Dental Billing Instructions, dated 11/02.

Periodontic:

Description		Covered CDT Code(s)	Limitations
Periodontal Scaling		D4341, 0435D	No change. See Dental Billing Instructions, dated 11/02.
Description	Covered CDT Code	Maximum Allowable Fee	Limitations
Periodontal Maintenance	D4910	\$50.00	<p>Periodontal maintenance as follows:</p> <ul style="list-style-type: none">• Clients have been previously treated for periodontal disease, including surgical or nonsurgical periodontal therapy;• Includes DDD clients and clients 19 years of age and older;• Supporting documentation must be in the client’s record and the documentation must include the following: complete periodontal charting and a definitive periodontal diagnosis;• Treatment is not a covered benefit unless the clinical condition meets existing periodontal guidelines;• Not allowed when performed on the same date of service as adult prophylaxis or periodontal scaling or root planning [Internet correction to wording in this bullet 8/18/03];• Periodontal maintenance starts 6 months after completion of periodontal scaling and root planing or surgical treatment;• MAA will reimburse at 6-month intervals only; and• MAA will reimburse up to three times per year for DDD clients.

ADULT DENTAL COVERAGE (cont.)

Effective for claims with dates of service on and after August 1, 2003

Dentures:

Replacement dentures and partial dentures must be billed using the appropriate denture or partial code and **requires prior authorization**.

Description	Covered CDT Codes	Limitations
Complete – Maxillary	D5110	Requires Prior Authorization (PA). One maxillary and one mandibular denture allowed in 10 years. May have one maxillary and one mandibular replacement denture in 10 years.
Complete – Mandibular	D5120	
Immediate – Maxillary	D5130	Requires PA. One maxillary and one mandibular immediate denture per client, per lifetime with no replacement.
Immediate – Mandibular	D5140	
Maxillary partial denture (resin)	D5211	Requires PA. One maxillary and one mandibular partial denture (resin) allowed in 10 years. No replacement.
Mandibular partial denture (resin)	D5212	
Maxillary partial denture (cast metal framework)	D5213	Requires PA. One maxillary and one mandibular partial denture (cast metal framework) allowed in 10 years. May have one maxillary and one mandibular partial denture (cast metal framework) replacement in 10 years.
Mandibular partial denture (cast metal framework)	D5214	
Repairs to dentures	D5510, D5520, 0552D	Requires PA in addition to any limitation listed in MAA's Dental Billing Instructions, dated 11/02.
Repairs to partial dentures	D5610, D5630, D5640, 0565D, D5650, D5660	Requires PA in addition to any limitation listed in MAA's Dental Billing Instructions, dated 11/02.
Maxillary denture reline	D5750	No change. See Dental Billing Instructions, dated 11/02.
Mandibular denture reline	D5751	No change. See Dental Billing Instructions, dated 11/02.
Maxillary partial denture reline	D5760	No change. See Dental Billing Instructions, dated 11/02.

ADULT DENTAL COVERAGE (cont.)

Effective for claims with dates of service on and after August 1, 2003

Description	Covered CDT Codes	Limitations
Mandibular partial denture reline	D5761	No change. See Dental Billing Instructions, dated 11/02.
Dentures/partial dentures where client died, moved, etc.	0515D	By Report. See Dental Billing Instructions, dated 11/02.

Extractions:

Description	Covered CDT Codes	Limitations
Simple Extraction	D7110, D7120, D7130	No change. See Dental Billing Instructions, dated 11/02
Surgical Extraction	D7210	No change. See Dental Billing Instructions, dated 11/02
Removal of Impacted Tooth – Soft Tissue	D7220	No change. See Dental Billing Instructions, dated 11/02
Removal of Impacted Tooth – Partial bony	D7230	No change. See Dental Billing Instructions, dated 11/02
Removal of Impacted Tooth – Complete Bony	D7240	No change. See Dental Billing Instructions, dated 11/02

Palliative:

Description	Covered CDT Codes	Limitations
Relief of Pain	D9110	Disallowed when performed on same day as root canal therapy.

Behavior Management:

Description	Covered CDT Codes	Limitations
Behavior Management	D9920	DDD Clients Only

General Anesthesia and Conscious Sedation:

Description	Covered CDT Codes	Limitations
General Anesthesia	D9220	No change. See Dental Billing Instructions, dated November 2002.
IV sedation/analgesia	D9241	No change. See Dental Billing Instructions, dated November 2002.
Other drugs and/or medicaments	D9630	No change. See Dental Billing Instructions, dated November 2002.

ADULT DENTAL COVERAGE (cont.)

Effective for claims with dates of service on and after August 1, 2003

Professional Visits:

Description	Covered CDT Codes	Limitations
House/extended care facility call	D9410	Allowed once per day, per provider, per facility regardless of the number of clients seen.
Hospital Call	D9420	No change. See Dental Billing Instructions, dated November 2002.

CPT Procedure Codes

MAA will continue to cover most CPT oral surgery codes listed in the November 2002 billing instructions on pages I3 through I13 for adults **with the exception of the following codes which will no longer be covered:**

CPT Codes No Longer Covered under MAA's Dental Program
11044
20670
20680
21031
21032
40819
41520
41830
41874